Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF OREGON	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Tjohn First name Richard Middle name	First name Middle name
	Bring your picture identification to your meeting with the trustee.	Wolf Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-8703	

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EIN	EIN			
5.	Where you live	377 Mississippi Ave	If Debtor 2 lives at a different address:			
		Vernonia, OR 97064 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Columbia				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.					
	choosing to file under	■ Chap	oter 7				
		☐ Chap	oter 11				
		☐ Chap	oter 12				
		☐ Chap	oter 13				
about how yo				e entire fee when I file my petition. Please check with the clerk's office in your local court for more details ou may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with address			
						on, sign and attach the Application for Indi	viduals to Pay
			_	ee in Installments (Ot at my fee be waived	•	on only if you are filing for Chapter 7. By lav	v, a judge may,
		bı ap	ut is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line the pplies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.				
9.	Have you filed for bankruptcy within the	■ No.					
	last 8 years?	☐ Yes.					
			District			Case number	
			District		When		
			District		When	Case number	
10.	Are any bankruptcy cases pending or being	■ No					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.					
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
11.	Do you rent your	□ No.	Go to	line 12.			
	residence?	Yes.	Has y	our landlord obtained	l an eviction judgment again	st you?	
				No. Go to line 12.			
				Yes. Fill out <i>Initial</i> S		Judgment Against You (Form 101A) and f	le it with this

Case number (if known)

Debtor 1 **Tjohn Richard Wolf**

Deb	otor 1 Tjohn Richard Wo	olf		Case number (if known)			
Par	t 3: Report About Any Bu	ısinesses	You Own as a Sole Proprie	tor			
	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.				
	business:	☐ Yes.	Name and location of bus	siness			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any				
	If you have more than one sole proprietorship, use a separate sheet and attach	orship, use a					
	it to this petition.		Check the appropriate bo	x to describe your business:			
			☐ Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))			
			☐ Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))			
			☐ Stockbroker (as d	efined in 11 U.S.C. § 101(53A))			
			☐ Commodity Broke	er (as defined in 11 U.S.C. § 101(6))			
			☐ None of the above				
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?	If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operatic cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 L § 1116(1)(B).					
	For a definition of small	■ No.	I am not filing under Chap	oter 11.			
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter Code.	11, but I am NOT a small business debtor according to the definition in the Bankruptcy			
		☐ Yes.		11, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11.			
		☐ Yes.		11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11.			
Par	t 4: Report if You Own or	· Have Any	/ Hazardous Property or An	y Property That Needs Immediate Attention			
14.	Do you own or have any property that poses or is	■ No.					
	alleged to pose a threat of imminent and	☐ Yes.	What is the hazard?				
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?						
				Number, Street, City, State & Zip Code			

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Der	ijonn Richard wo	111		Case numb				
Par	6: Answer These Questi	ons for R	eporting Purposes					
16.	What kind of debts do you have?	16a.	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."					
			□ No. Go to line 16b.					
			Yes. Go to line 17.					
		16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.					
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you	owe that are not consumer debts or busine	ess debts			
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapt	er 7. Go to line 18.				
	Do you estimate that after any exempt property is excluded and	■ Yes.		. Do you estimate that after any exempt pro available to distribute to unsecured creditors	perty is excluded and administrative expenses s?			
	administrative expenses		■ No					
	are paid that funds will be available for		□Yes					
	distribution to unsecured creditors?							
18.	How many Creditors do	1 -49		□ 1,000-5,000	□ 25,001-50,000			
	you estimate that you owe?	☐ 50-99		5001-10,000	5 0,001-100,000			
		☐ 100-1		□ 10,001-25,000	☐ More than100,000			
		200-9	99					
19.	How much do you	\$0 - \$	50,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion			
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion			
			001 - \$500,000 001 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion			
					<u> </u>			
20.	How much do you estimate your liabilities	□ \$0 - \$		□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
	to be?		001 - \$100,000 001 - \$500,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion			
			001 - \$500,000 001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion			
Par	7: Sign Below							
	you	I have ex	amined this petition, and I d	eclare under penalty of perjury that the info	rmation provided is true and correct.			
	•			7, I am aware that I may proceed, if eligible relief available under each chapter, and I of				
	If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).				ot an attorney to help me fill out this			
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.				ecified in this petition.				
		bankrupt and 3571	cy case can result in fines up	nt, concealing property, or obtaining money to \$250,000, or imprisonment for up to 20	or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519,			
			n Richard Wolf Richard Wolf		or 2			
			e of Debtor 1	Signature of Debt				
		Executed	on April 27, 2020	Executed on				
			MM / DD / YYYY		M / DD / YYYY			

Debtor 1 Tjohn Richard Wo	olf	Case number (if known)		
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of title 11, United S	tates Code, and have e	•	
If you are not represented by an attorney, you do not need to file this page.	for which the person is eligible. I also certify that I and, in a case in which § 707(b)(4)(D) applies, cerschedules filed with the petition is incorrect.		debtor(s) the notice required by 11 U.S.C. § 342(b) wledge after an inquiry that the information in the	
	/s/ Rosemary E Zook OSB	Date	April 27, 2020	
	Signature of Attorney for Debtor		MM / DD / YYYY	
	Rosemary E Zook OSB #084188			
	Hackett Law Firm LLC			
	Firm name			
	1500 NW Bethany Blvd. Suite #288			
	Beaverton, OR 97006			
	Number, Street, City, State & ZIP Code			

Email address

rhackett@hhlawsite.com

Contact phone **503-352-3690**

OSB #084188 OR

Bar number & State

Official Form 101

United States Bankruptcy Court District of Oregon

In re	Tjohn Richard Wolf		Case N	lo	
		Debtor(s)	Chapte	7	
	DISCLOSURE OF COMPE	NSATION OF ATTO	RNEY FOR	DEBTOR(S)	
C	ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 ompensation paid to me within one year before the filing erendered on behalf of the debtor(s) in contemplation of	ng of the petition in bankruptc	y, or agreed to be p	oaid to me, for service	that s rendered or to
	For legal services, I have agreed to accept		\$	1,400.00	
	Prior to the filing of this statement I have received		\$	1,400.00	
	Balance Due		\$	0.00	
2. \$	0.00 of the filing fee has been paid.				
3. T	he source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4. T	he source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5. I	I have not agreed to share the above-disclosed comp	ensation with any other perso	n unless they are n	nembers and associate	s of my law firm.
	I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the nar				ny law firm. A
5. I	n return for the above-disclosed fee, I have agreed to re	ender legal service for all aspe	cts of the bankrupt	cy case, including:	
b c.	Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, state Representation of the debtor at the meeting of creditor [Other provisions as needed] Pursue any recoverable preference paymoutlined in fee agreement entered into we receiving 40% if successful).	ement of affairs and plan which ors and confirmation hearing, ments from creditors on k	ch may be required and any adjourned pehalf of client (; hearings thereof; subject to continge	ency fee as
7. B	y agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any dis any other adversary proceeding.			ances, relief from s	stay actions or
	Representation of debtors at any reaffire	mation hearing.			
		CERTIFICATION			
	certify that the foregoing is a complete statement of an nkruptcy proceeding.	y agreement or arrangement for	or payment to me f	or representation of th	ne debtor(s) in
Ap	oril 27, 2020	/s/ Rosemary E			
Da	te	Rosemary E Zoe Signature of Attorn		}	
		Hackett Law Fir	m LLC		
		1500 NW Bethar Beaverton, OR 9		288	
		503-352-3690 F	ax: 503-601-046	9	
		rhackett@hhlaw	/site.com		
		Name of law firm			

UNITED STATES BANKRUPTCY COURT DISTRICT OF OREGON

	DISTRICT	OF OREGON		
In re) Case N	No.	(If Know	n)
Tjohn Richard Wolf)			
	,	TER 7 INDIVIDUAL DEBT EMENT OF INTENTION(S)	OR'S*	
Debtor(s)		1 U.S.C. §521(a)		
MPORTANT NOTICES TO DEBTOR(S):				
Complete, sign and file this form even if you have I	no debts secured by p	roperty of the estate or person	al property subject to	unexpired leases. If
creditors are listed, make sure the certificate of service		roperty of the estate of person	an property subject to	and produced in
2. Failure to perform the intentions as to property stat	ed below within 30 d	ays after the first date set for t	he Meeting of Credit	tors
under 11 USC §341(a) may result in relief for the cree	ditor from the Autom	atic Stay protecting such prop	erty.	
PART A - Debts secured by property of the estate. (additional pages is necessary.)	Part A must be fully o	completed for each debt which	n is secured by prope	rty of the estate. Attach
☐ IF NONE - Check this box.				
Property No. 1				
Creditor's Name: Freedom Road Financial		Describe Property Sec 2016 Husqvarna 701		es
Property will be (check one): ■ SURRENDERED	☐ RETAINED			
□ Redeem the property □ Reaffirm the debt □ Other. Explain (for example, avoid lien using 11 Property is (check one): □ CLAIMED AS EXEMINATED B - Personal property subject to unexpired lead bages if necessary.) □ IF NONE - Check this box.	T NOT CLAI		d for each unexpired	lease. Attach additional
Property No. 1	1			
Lessor's Name:	Describe Leased Pr	roperty:	Lease will be assu §365(p)(2) ☐ YE	med pursuant to 11 USC S □ NO
Continuation sheets attached (if any).				5 - 110
I DECLARE UNDER PENALTY OF PERJURY THAT 'INDICATES INTENTION AS TO ANY PROPERTY OF SECURING A DEBT AND/OR PERSONAL PROPER'AN UNEXPIRED LEASE. DATE: April 27, 2020	OF MY ESTATE	I/WE, THE UNDERSIGNATE DOCUMENT AND LOCAL CREDITOR NAMED AB	L FORM #715 WERE OVE.	
//T: D:		(//	000	OSB #084188
/s/ Tjohn Richard Wolf		/s/ Rosemary E Zook DEBTOR OR ATTORNEY		OSD# (if attamax)
DEBTOR'S SIGNATURE		DEBTOR OR ATTORNEY	SSIGNATURE	OSB# (if attorney)
JOINT DEBTOR'S SIGNATURE (If applicable)		JOINT DEBTOR'S SIGNA	TURE (If applicable an	d no attorney)
		Rosemary E Zook OS PRINT OR TYPE SIGNER		-352-3690 IO.
		1500 NW Bethany Bly Beaverton, OR 97006	/d. Suite #288	
		SIGNER'S ADDRESS (if a		

521.05 (12/1/16) **Page 1**

NON-JUDICIAL REMEDY WHEN CONSUMER DEBTOR FAILS TO TIMELY PERFORM STATED INTENTIONS

Creditors, see <u>Local Form #715</u> [attached if this document was served on paper] if you wish information on how to obtain non-judicial relief from the automatic stay of 11 U.S.C. §362(a) as to your collateral.

QUESTIONS????

Call an attorney with questions about these procedures or the law. However, only call the debtor's attorney if you have questions about the debtor's intent as to your collateral.

Fill	n this information to identify your case:		
Deb	tor 1 Tjohn Richard Wolf		
Dok	First Name Middle Name Last Name tor 2		
	se if, filing) First Name Middle Name Last Name		
Uni	ed States Bankruptcy Court for the: DISTRICT OF OREGON		
Cas (if kn	e number	_	if this is an ded filing
Of	icial Form 106Sum		
Su	mmary of Your Assets and Liabilities and Certain Statistical Information		12/15
info	s complete and accurate as possible. If two married people are filing together, both are equally responsible to mation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	1: Summarize Your Assets		
		Your a Value o	ssets If what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	5,814.89
	1c. Copy line 63, Total of all property on Schedule A/B	\$	5,814.89
Par	2: Summarize Your Liabilities		
		Your li	abilities
			t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	7,520.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	1,578.58
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	51,508.36
	Your total liabilities	\$	60,606.94
Par	3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,357.33
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,234.82
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	our other scl	nedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	: a personal,	family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check the the court with your other schedules.	is box and s	ubmit this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

4,170.89

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clai	im
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	1,578.58
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	1,578.58

Fill in this info	ormation to identify yo	ur case ar	nd this filing:				
Debtor 1	Tjohn Richard		<u> </u>				
D 1 / 0	First Name		Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	I	Middle Name	Last Name			
United States E	Bankruptcy Court for the	e: DISTR	ICT OF OREGON				
Case number							Check if this is an
Cube Humber							amended filing
Official F	orm 106A/B						
Schedu	le A/B: Pro	perty	1				12/15
think it fits best. information. If mo Answer every quo	Be as complete and accore space is needed, attaestion.	urate as po ich a separa	ssible. If two married ate sheet to this forn	nce. If an asset fits in more than on d people are filing together, both ar n. On the top of any additional page You Own or Have an Interest In	e equally responsible for	supply	ing correct
1 Do you own o	r have any legal or equita	able interes	t in any residence, b	uilding, land, or similar property?			
_ `	, .		, , .	anang, ana, a anima property .			
No. Go to P	art 2. e is the property?						
☐ Yes. Where	e is the property?						
Part 2: Describ	e Your Vehicles						
3. Cars, vans, t □ No ■ Yes	trucks, tractors, sport	tutility veh	nicles, motorcycle	s			
3.1 Make:	Husqvarna		Who has an intere	est in the property? Check one	Do not deduct secure	d claims	or exemptions. Put
Model:	701 Enduro		Debtor 1 only	est in the property? Check one		the amount of any secured claims or Creditors Who Have Claims Secured	
Year:	2016		Debtor 2 only		Current value of the	С	urrent value of the
Approxim Other info	nate mileage:	1500	Debtor 1 and D	ebtor 2 only the debtors and another	entire property?	pe	ortion you own?
	J. Marie L.			s community property	\$4,370.00)	\$4,370.00
Examples: Bo No Yes Add the dol pages you l Part 3: Describ	pats, trailers, motors, pe	on you own t 2. Write t	ercraft, fishing ves: n for all of your en hat number here ms	al vehicles, other vehicles, and sels, snowmobiles, motorcycle activities from Part 2, including any	cessories v entries for		\$4,370.00 rent value of the ion you own?
						Do r	not deduct secured ns or exemptions.

D	ebtor 1	Tjohn Richa	rd Wolf Case number (if	known)
6.		nold goods and f les: Major applian	urnishings ices, furniture, linens, china, kitchenware	
	Yes.	Describe		
			Miscellaneous household furniture, etc.	\$150.00
_			,	<u></u>
7.	□ No	les: Televisions a	nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; phones, cameras, media players, games	music collections; electronic devices
			Phone	\$500.00
9.	Examp No Yes. Equipm Examp No Yes. Firearn Exam No Yes.	other collection Describe nent for sports and les: Sports, photo musical instru Describe ms uples: Pistols, rifles Describe	graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; c	
11	□ No		othes, furs, leather coats, designer wear, shoes, accessories	
			Clothing	\$700.00
12	□ No		welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, y Jewelry	gems, gold, silver
13	Exam _i ■ No	arm animals ples: Dogs, cats, Describe	birds, horses	
14	■ No	-	d household items you did not already list, including any health aids you did not	t list
	☐ Yes.	Give specific info	ormation	
18			of all of your entries from Part 3, including any entries for pages you have attach	ned \$1,350.00

De	ebtor 1 Tjohn Rich	nard Wolf	1	Case num	ber (if known)
Do you own or have any legal or equitable interest in any of the following? 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file you have in your wallet, in your home, in a safe deposit box, and on hand when you file you have in your wallet, in your home, in a safe deposit box, and on hand when you file you have multiple accounts with the same institution, list each. No No Yes					
				n any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	Examples: Money yo ☐ No	·	•	·	file your petition
				Cash	on hand \$40.00
	Examples: Checking, institution				s, brokerage houses, and other similar
	_			Institution name:	
		17.1.	Checking	Wells Fargo	\$13.23
		17.2.	Savings	Wells Fargo	\$0.87
		17.3.	Checking	OE Federal Credit Union	\$3.33
		17.4.	Savings	OE Federal Credit Union	\$37.46
18.	Examples: Bond fund		ent accounts with br		
Part 4: Describe Your Financial Assets	ng an interest in an LLC, partnership, and				
					nership:
20.	Negotiable instrumer	nts include	personal checks, ca	shiers' checks, promissory notes, and money order	s.
21.	Describe Your Financial Assets o you own or have any legal or equitable interest in any of the following? Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Pes. Cash on hand S Ca	profit-sharing plans			
Deposits of money					
22.	Your share of all unu Examples: Agreemer	sed deposi	ts you have made so		
	Yes			Institution name or individual:	

De	ebtor 1	Tjohn Ric	hard Wolf			_ Case numbe	er (if known)	
23.	Annuiti No	es (A contrac	ct for a periodic paymer	nt of money to you, either	er for life or for a	number of years)		
	☐ Yes		Issuer name and desc	cription.				
24.			ation IRA, in an accou 1), 529A(b), and 529(b)	int in a qualified ABLE (1).	≣ program, or u	nder a qualified state	tuition progra	m.
	■ No □ Yes		Institution name and o	lescription. Separately f	file the records o	of any interests.11 U.S.	C. § 521(c):	
25.		equitable or	future interests in pr	operty (other than any	thing listed in	line 1), and rights or p	oowers exercis	able for your benefit
	■ No □ Yes.	Give specific	information about then	٦				
26.			•	ecrets, and other intell s, proceeds from royalt				
		Give specific	information about then	١				
27.			s, and other general in permits, exclusive licen	ntangibles ses, cooperative assoc	iation holdings,	iquor licenses, profess	ional licenses	
	☐ Yes.	Give specific	information about them	ı				
M	oney or p	oroperty owe	ed to you?					Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	_	unds owed to	o you					
	■ No □ Yes. 0	Give specific i	information about them	, including whether you	already filed the	e returns and the tax ye	ears	
29.	Family Examp		or lump sum alimony,	spousal support, child s	support, mainten	ance, divorce settleme	nt, property sett	lement
	_	Give specific	information					
30.		<i>les:</i> Unpaid w	neone owes you /ages, disability insurar unpaid loans you mad	nce payments, disability e to someone else	benefits, sick pa	ay, vacation pay, work	ers' compensati	on, Social Security
		Give specific	information					
31.		ts in insurand Bles: Health, d		ce; health savings accor	unt (HSA); credi	t, homeowner's, or rent	ter's insurance	
	_	Name the ins	urance company of eac	ch policy and list its valu	ıe.			
			Company nam	ne:		Beneficiary:		Surrender or refund value:
32.	If you a	erest in prop are the benefic ne has died.	perty that is due you fictory of a living trust, ex	rom someone who has spect proceeds from a li	s died ife insurance pol	icy, or are currently en	titled to receive	property because
	■ No □ Yes	Give specific	information					
	103.	Sive opcome	omadon.					
33.		-	-	not you have filed a law s, insurance claims, or r		a demand for paymen	nt	
		Describe eac	h claim					

Deb	otor 1	Tjohn Richard Wolf		Case number (if known)	
34. (Other o	contingent and unliquidated claims of every nature, inclu	ding counterclaims	of the debtor and rights to set of	claims
	No				
	☐ Yes.	Describe each claim			
35.	Any fin	ancial assets you did not already list			
	No				
	☐ Yes.	Give specific information			
36.		he dollar value of all of your entries from Part 4, includin art 4. Write that number here		- 1	\$94.89
Part	5: De:	scribe Any Business-Related Property You Own or Have an Inter	est In. List any real esta	ite in Part 1.	
37. C	Do you d	own or have any legal or equitable interest in any business-relate	ed property?		
	No. Go	to Part 6.			
	Yes. G	So to line 38.			
Part		scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. I	Do you	own or have any legal or equitable interest in any farm-	or commercial fishin	q-related property?	
		Go to Part 7.			
	☐ Yes	. Go to line 47.			
Part 53.	Do you	Describe All Property You Own or Have an Interest in That You have other property of any kind you did not already list oles: Season tickets, country club membership			
	No				
	☐ Yes.	Give specific information			
54.	Add t	he dollar value of all of your entries from Part 7. Write th	at number here		\$0.00
Part	8:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$0.00
56.	Part 2	2: Total vehicles, line 5	\$4,370.00		
57.	Part 3	3: Total personal and household items, line 15	\$1,350.00		
58.	Part 4	l: Total financial assets, line 36	\$94.89		
59.	Part 5	i: Total business-related property, line 45	\$0.00		
60.	Part 6	3: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	7: Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$5,814.89	Copy personal property total	\$5,814.89
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$5,814.89

lame	Middle Name	Last Name	
Jame			
lame			
	Middle Name	Last Name	
			☐ Check if this is a amended filing
,	Court for the:	Court for the: DISTRICT OF OREGON	Court for the: DISTRICT OF OREGON

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	3	1		3 - (-/(-/	
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exe	mpt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	2016 Husqvarna 701 Enduro 1500 miles	\$4,370.00		\$4,000.00	11 U.S.C. § 522(d)(2)
	Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
	Miscellaneous household furniture, etc.	\$150.00		\$150.00	11 U.S.C. § 522(d)(3)
	Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
	Phone Line from Schedule A/B: 7.1	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)
	Ellie II olii ochedale PAB. TTI			100% of fair market value, up to any applicable statutory limit	
	Clothing Line from Schedule A/B: 11.1	\$700.00		\$700.00	11 U.S.C. § 522(d)(3)
	Zino nom osinodate 702. TTT			100% of fair market value, up to any applicable statutory limit	
	Cash on hand Line from Schedule A/B: 16.1	\$40.00		\$40.00	11 U.S.C. § 522(d)(5)
	Line from <i>Schedule PVD</i> . 10.1			100% of fair market value, up to any applicable statutory limit	

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

3.	•	claiming a homestead exemption of more than \$170,350? o adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)
	No	
	Yes.	Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
		No
		Yes

Debtor 1		r case:				
	Tjohn Richard V	Volf				
	First Name	Middle Name Last	t Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name Last	t Name		-	
United States Ba	nkruptcy Court for the:	DISTRICT OF OREGON				
Case number _						
(if known)						if this is an led filing
O#: -: -!	- 400D					iod iiii ig
Official Forn						
Schedule	D: Creditors	Who Have Claims Sec	cured	by Propert	У	12/15
	e Additional Page, fill it o	f two married people are filing together, bo out, number the entries, and attach it to this				
, ,	have claims secured by	your property?				
☐ No. Check	this box and submit tl	nis form to the court with your other sche	dules. You	u have nothing else t	o report on this form.	
Yes. Fill in	all of the information	pelow.		-		
Part 1: List A	II Secured Claims					
		nore than one secured claim, list the creditor s	senarately	Column A	Column B	Column C
for each claim. If m	ore than one creditor has	a particular claim, list the other creditors in Pacal order according to the creditor's name.		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Freedom	Road Financial	Describe the property that secures the cl	aim:	\$7,520.00	\$4,370.00	\$3,150.00
Creditor's Name	е	2016 Husqvarna 701 Enduro 150	00			
		miles				
PO Box 4		As of the date you file, the claim is: Check apply.	all that			
Hinsdale,	IL 60522	As of the date you file, the claim is: Check apply. Contingent	all that			
Hinsdale,		As of the date you file, the claim is: Check apply. Contingent Unliquidated	all that			
Hinsdale,	IL 60522 , City, State & Zip Code	As of the date you file, the claim is: Check apply. Contingent	all that			
Hinsdale, Number, Street Who owes the de	IL 60522 , City, State & Zip Code	As of the date you file, the claim is: Check apply. Contingent Unliquidated Disputed		red		
Hinsdale, Number, Street Who owes the de Debtor 1 only	IL 60522 , City, State & Zip Code	As of the date you file, the claim is: Check apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply.		red		
Hinsdale, Number, Street Who owes the de	IL 60522 , City, State & Zip Code Pbt? Check one.	As of the date you file, the claim is: Check apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortg.)	age or secu	red		
Hinsdale, Number, Street Who owes the de Debtor 1 only Debtor 2 only Debtor 1 and De	IL 60522 , City, State & Zip Code Pbt? Check one.	As of the date you file, the claim is: Check apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgar car loan)	age or secu	red		
Hinsdale, Number, Street Who owes the de Debtor 1 only Debtor 2 only Debtor 1 and De	abtor 2 only the debtors and another laim relates to a	As of the date you file, the claim is: Check apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgater loan) Statutory lien (such as tax lien, mechanical Judgment lien from a lawsuit	age or secu c's lien)	red oney Security		
Hinsdale, Number, Street Who owes the de Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the	abt ? Check one. Sebtor 2 only the debtors and another laim relates to a	As of the date you file, the claim is: Check apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgar car loan) Statutory lien (such as tax lien, mechanical	age or secu c's lien)			
Hinsdale, Number, Street Who owes the de Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the community de	abt ? Check one. Sebtor 2 only the debtors and another laim relates to a	As of the date you file, the claim is: Check apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgarder loan) Statutory lien (such as tax lien, mechanical Judgment lien from a lawsuit Other (including a right to offset)	age or secu c's lien) chase M	oney Security		
Hinsdale, Number, Street Who owes the de Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the community de Date debt was ince	IL 60522 , City, State & Zip Code ebt? Check one. ebtor 2 only he debtors and another laim relates to a ebt urred alue of your entries in C	As of the date you file, the claim is: Check apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgrear loan) Statutory lien (such as tax lien, mechanic Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number	age or secu c's lien) chase M		20.00	
Hinsdale, Number, Street Who owes the de Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the community de Date debt was ince	IL 60522 City, State & Zip Code Patr? Check one. Patron 2 only the debtors and another laim relates to a labburred Patron 2 only The debtors and another laim relates to a labburred Patron 3 only The debtors and another laim relates to a labburred Patron 3 only The debtors and another laim relates to a labburred Patron 3 only The debtors and another laim relates to a labburred	As of the date you file, the claim is: Check apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgrear loan) Statutory lien (such as tax lien, mechanic Judgment lien from a lawsuit Other (including a right to offset) Pur Last 4 digits of account number	age or secu c's lien) chase M	oney Security		

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

					İ	
Fill in this information to identify	your case:				le l	
Debtor 1 Tjohn Richa First Name		e Name Last Nan	ne			
Debtor 2 (Spouse if, filing) First Name		e Name Last Nan				
United States Bankruptcy Court for	r the: DISTRIC	T OF OREGON				
Case number					☐ Check	if this is an
					_	ed filing
Official Form 106E/F Schedule E/F: Credito Be as complete and accurate as poss	ible. Use Part 1 for	creditors with PRIORITY claims	and Part 2 fo			
any executory contracts or unexpired Schedule G: Executory Contracts and Schedule D: Creditors Who Have Clai eft. Attach the Continuation Page to t name and case number (if known).	I Unexpired Leases ms Secured by Pro	(Official Form 106G). Do not include perty. If more space is needed, c	ude any cre	ditors with partially s you need, fill it out,	secured claims that a number the entries in	re listed in
Part 1: List All of Your PRIOR	ITY Unsecured C	laims				
1. Do any creditors have priority un	secured claims aga	ainst you?				
☐ No. Go to Part 2.						
Yes.						
List all of your priority unsecured identify what type of claim it is. If a possible, list the claims in alphabet Part 1. If more than one creditor ho	claim has both prioritical order according	ry and nonpriority amounts, list that to the creditor's name. If you have it	claim here a	nd show both priority a	and nonpriority amoun	ts. As much as
(For an explanation of each type of	claim, see the instru	ctions for this form in the instruction	n booklet.)		-	
				Total claim	Priority amount	Nonpriority amount
2.1 IRS		Last 4 digits of account number	8703	\$1,317.00	\$1,317.00	\$0.00
Priority Creditor's Name Central Insolvency Op PO Box 7346	eration	When was the debt incurred?	2017, 20	019	-	
Philadelphia, PA 1910 Number Street City State Zip C	1-7346	As of the date you file, the clain	n is: Check a	all that apply		
Who incurred the debt? Check of		☐ Contingent	. ICI ONOOR C	ш шас арру		
Debtor 1 only		☐ Unliquidated				
Debtor 2 only		☐ Disputed				
Debtor 1 and Debtor 2 only		Type of PRIORITY unsecured cl	aim:			
☐ At least one of the debtors and	d another	☐ Domestic support obligations				
☐ Check if this claim is for a		■ Taxes and certain other debts	VOLLOWE the	government		
Is the claim subject to offset?	Johnnamity Gebt	☐ Claims for death or personal in	•	J		
No		Other. Specify	.,y ••••••• yo			
☐ Yes		Federal Ta	axes			

Debtor 1 Tjohn Richard Wolf		Case numbe	i (ii known)		
ODR Bkcy	Last 4 digits of account number	8703	\$261.58	\$261.58	\$0.0
Priority Creditor's Name 955 Center NE #353 Salem, OR 97301-2555	When was the debt incurred?	2017, 2019			
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that	apply		
Who incurred the debt? Check one.	☐ Contingent				
Debtor 1 only	☐ Unliquidated				
Debtor 2 only	☐ Disputed				
☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	iim:			
☐ At least one of the debtors and another	☐ Domestic support obligations				
☐ Check if this claim is for a community debt	Taxes and certain other debts	ou owe the gover	nment		
Is the claim subject to offset?	Claims for death or personal in	ury while you were	e intoxicated		
■ No	☐ Other. Specify				
Yes	State Taxe	s			
unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.					
Asset Systems	Last 4 digits of account numb	er 8703			\$0.0
Nonpriority Creditor's Name PO Box 14550 Portland, OR 97293	When was the debt incurred?				
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the cla	im is: Check all th	nat apply		
Debtor 1 only	☐ Contingent				
☐ Debtor 2 only	☐ Unliquidated				
☐ Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsec	ured claim:			
☐ Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	Obligations arising out of a s report as priority claims	eparation agreem	ent or divorce that yo	ou did not	
No	Debts to pension or profit-sh	aring plans, and o	ther similar debts		
☐ Yes		ons: Tuality P	hysicians/OHS	U	

Debto	^{r 1} Tjohn Richard Wolf	Case number (if known)					
4.2	Bank of America	Last 4 digits of account number 7725	\$2,012.46				
	Nonpriority Creditor's Name Bankruptcy Notices: PO Box 15102	When was the debt incurred?	·				
	Wilmington, DE 19886-5102 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.	The of the date year me, the stand of check all that apply					
	Debtor 1 only						
	☐ Debtor 2 only						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts					
	Yes	Other. Specify Credit Card					
4.3	Columbia Collection Service	Last 4 digits of account number 6391	\$500.00				
	Nonpriority Creditor's Name 10888 SE Main St. Ste 200 Portland, OR 97269	When was the debt incurred?					
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	Debts to pension or profit-sharing plans, and other similar debts					
	Yes	■ Other. Specify Collections: Oregon Trail Recovery, LLC					
4.4	Country Financial Nonpriority Creditor's Name	Last 4 digits of account number 7127	\$0.00				
	1701 N Towanda Ave Bloomington, IL 61701	When was the debt incurred? 5/12/2018					
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only						
	Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	Check if this claim is for a community						
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	Debts to pension or profit-sharing plans, and other similar debts					
	Yes	■ Other. Specify Notice					

Schedule E/F: Creditors Who Have Unsecured Claims

Page 3 of 13

Debt	or 1 Tjohn Richard Wolf	Case number (if known)	
4.5	Credit Collection Services	Last 4 digits of account number 8703	\$0.00
	Nonpriority Creditor's Name 725 Canton St.	When was the debt incurred?	Ψ0.00
	Norwood, MA 02062	- Acceptable to the state of th	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Поль	
	_	☐ Contingent	
	☐ Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	■ Other Specify Collections: Progressive Insurance	
		— Other. Specify	
4.6	Credit Control Corporation Nonpriority Creditor's Name	Last 4 digits of account number 6720	\$0.00
	PO Box 120630	When was the debt incurred?	
	Newport News, VA 23612		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Collections: Frontier	
4.7	Ditchey Geiger LLC	Last 4 digits of account number 4609	\$5,632.66
	Nonpriority Creditor's Name Attorneys at Law Innerbelt Building	When was the debt incurred? 5/12/2018	
	2728 Euclid Ave Ste 201 Cleveland. OH 44115		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , , ,	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
	■ No □ Yes		
	⊔ res	■ Other. Specify Collections: Country Financial	

Schedule E/F: Creditors Who Have Unsecured Claims

Page 4 of 13

Debte	or 1 Tjohn Richard Wolf	Case number (if known)						
4.8	Farmers Insurance Group	Last 4 digits of account number	6917	\$7,043.00				
	Nonpriority Creditor's Name PO Box 36911 Los Angeles, CA 90036	When was the debt incurred?	5/12/2018					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply					
	Debtor 1 only	Contingent						
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed						
	☐ At least one of the debtors and another☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	☐ Obligations arising out of a separation agreement or divorce that you did not					
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts					
	Yes	Other. Specify Notice						
4.9	Farmers Insurance Group Nonpriority Creditor's Name	Last 4 digits of account number	6915	\$7,043.00				
	PO Box 36911	When was the debt incurred?	5/12/2018					
	Los Angeles, CA 90036 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated	☐ Disputed					
	Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured						
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa						
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin						
	■ No □ Yes	Other. Specify Notice	g pians, and other similar debts					
4.4								
4.1 0	Foremost Insurance Company Nonpriority Creditor's Name	Last 4 digits of account number	1601	\$36.78				
	PO Box 0915	When was the debt incurred?						
	Carol Stream, IL 60132 Number Street City State Zip Code	As of the date you file, the claim						
	Who incurred the debt? Check one.	☐ Contingent						
	■ Debtor 1 only							
	Debtor 2 only	☐ Unliquidated☐ Disputed						
	Debtor 1 and Debtor 2 only							
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
	☐ Check if this claim is for a community debt	☐ Student loans	ration agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
	Yes	■ Other. Specify Insurance	ice					

Schedule E/F: Creditors Who Have Unsecured Claims

Page 5 of 13

Frontier	Last 4 digits of account number 1618	\$31.9
Nonpriority Creditor's Name PO Box 2951 Phoenix, AZ 85062	When was the debt incurred?	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Utility Service	
Hillsboro Cardiology	Last 4 digits of account number 3265	\$21.7
Nonpriority Creditor's Name 333 SE 7th Ave Ste 5400	When was the debt incurred?	
Hillsboro, OR 97123 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Medical	
Irhythm Technologies, Inc,	Last 4 digits of account number 4252	\$995.0
Nonpriority Creditor's Name Dept CH 19717	When was the debt incurred?	4000.
Palatine, IL 60055		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	Contingent	
Debtor 2 only	Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other. Specify Credit	

Schedule E/F: Creditors Who Have Unsecured Claims

1 Tjohn Richard Wolf	Case number (if known)	Case number (if known)				
Lee Gardner MD, LLC	Last 4 digits of account number 1856	\$312.3				
Nonpriority Creditor's Name Attn #8636K PO Box 14000	When was the debt incurred?					
Belfast, ME 04915						
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
Who incurred the debt? Check one.						
Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
☐ Debtor 1 and Debtor 2 only	☐ Disputed					
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
☐ Check if this claim is for a community	☐ Student loans					
debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
No	\square Debts to pension or profit-sharing plans, and other similar debts					
☐ Yes	Other. Specify Medical					
Medical Imaging Group	Last 4 digits of account number 6801	\$82.				
Nonpriority Creditor's Name		+				
of Hillsboro	When was the debt incurred?					
PO Box 35145 #28130						
Seattle, WA 98124 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
Who incurred the debt? Check one.	As of the date you me, the damins. Oneck an that apply					
■ Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	Student loans					
☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not					
Is the claim subject to offset?	report as priority claims					
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts					
☐ Yes	Other. Specify Medical					
Moda Health	Last 4 digits of account number 0095	¢o.				
Nonpriority Creditor's Name	Last 4 digits of account number 0095	\$0.				
PO Box 40384 Portland, OR 97240	When was the debt incurred?					
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
■ Debtor 1 only	☐ Contingent					
☐ Debtor 2 only	☐ Unliquidated					
☐ Debtor 1 and Debtor 2 only	□ Disputed					
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
☐ Check if this claim is for a community	☐ Student loans					
debt	☐ Obligations arising out of a separation agreement or divorce that you did not					
Is the claim subject to offset?	report as priority claims					
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts					
☐ Yes	■ Other. Specify Notice					

Schedule E/F: Creditors Who Have Unsecured Claims

Page 7 of 13

Tjohn Richard Wolf	Case number (if known)	
Nordstrom	Last 4 digits of account number 8703	\$0.0
Nonpriority Creditor's Name PO Box 6587	When was the debt incurred?	
Englewood, CO 80155-6587 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim is. Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	□ Unliquidated	
Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	Other. Specify Credit	
Pacific Coast Credit	Last 4 digits of account number 8703	\$0.
Nonpriority Creditor's Name		·
PO Box 40580	When was the debt incurred?	
Eugene, OR 97404-0091 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	□ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Collections: Med Imaging Group of Hillsboro	
Progressive Insurance Company	Last 4 digits of account number 3621	\$343.
Nonpriority Creditor's Name PO Box 894107	When was the debt incurred?	
Los Angeles, CA 90189		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
_		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
-		

Schedule E/F: Creditors Who Have Unsecured Claims

Page 8 of 13

Tjohn Richard Wolf	Case number (if known)	
Recovery Partners LLC	Last 4 digits of account number 5028	\$0.0
Nonpriority Creditor's Name 4151 N Marshall Way Ste 12 Scottsdale, AZ 85251	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Collections: Specify Farmers Insurance/Claim #3010811669-1-7	
Recovery Partners LLC Nonpriority Creditor's Name	Last 4 digits of account number 5026	\$0.0
4151 N Marshall Way Ste 12 Scottsdale, AZ 85251	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	Collections: Farmers Insurnace/Claim #3010811669-1-5	
Tuality Healthcare	Last 4 digits of account number 9620	\$499.3
Nonpriority Creditor's Name PO Box 548 Hillsboro, OR 97123	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
ls the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Medical	

Schedule E/F: Creditors Who Have Unsecured Claims

Page 9 of 13

1 Tjohn Richard Wolf	Case number (if known)	
Tuality Physicians	Last 4 digits of account number 8703	\$131.25
Nonpriority Creditor's Name PO Box 548	When was the debt incurred?	
Hillsboro, OR 97123 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Medical	
USAA Casualty Insurance Co.	Last 4 digits of account number 8077	\$23,836.19
Nonpriority Creditor's Name 9800 Fredericksburg Rd. San Antonio, TX 78288	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other. Specify Notice	
Wells France Cond Comission		***
Wells Fargo Card Services Nonpriority Creditor's Name	Last 4 digits of account number	\$2,986.00
PO Box 30086	When was the debt incurred?	
Los Angeles, CA 90030-0086		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
_		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Credit: Multiple Accounts #5191	
Yes	Other. Specify #7792	

Schedule E/F: Creditors Who Have Unsecured Claims

Page 10 of 13

Debi	or I john Richard Wolf	Case number (if known)					
4.2 6	Wilber & Associates, PC	Last 4 digits of account number 2022	\$0.00				
	Nonpriority Creditor's Name 210 Landmark Dr Normal, IL 61761	When was the debt incurred?					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts					
	Yes	■ Other. Specify Collections: USAA Casualty Insurance Co.					
4.2 7	Willamette Dental Group	Last 4 digits of account number 8602	\$0.00				
	Nonpriority Creditor's Name 6950 NE Campus Way Hillsboro, OR 97124	When was the debt incurred?					
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.	_					
	Debtor 1 only	Contingent					
	Debtor 2 only	Unliquidated					
	☐ Debtor 1 and Debtor 2 only ☐ Disputed						
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community debt	☐ Student loans					
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts					
	☐ Yes	Other. Specify Medical					
Part	3: List Others to Be Notified About a De	bt That You Already Listed					
is t hav	rying to collect from you for a debt you owe to so we more than one creditor for any of the debts the diffied for any debts in Parts 1 or 2, do not fill out of		ilarly, if you				
	e and Address k of America	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims					
	Box 851001	Part 2: Creditors with Nonpriority Unsecured Claims					
Dall	as, TX 75285	Last 4 digits of account number					
Name	e and Address	On which entry in Part 1 or Part 2 did you list the original creditor?					
	k of America	Line 4.2 of (Check one):					
	Box 982234 aso, TX 79998	■ Part 2: Creditors with Nonpriority Unsecured Claims					
		Last 4 digits of account number					
	e and Address umbia Collection Service	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.3 of (Check one):					
_	Box 22770	■ Part 2: Creditors with Nonpriority Unsecured Claims					
IVIIIV	vaukie, OR 97269	Last 4 digits of account number					
	e and Address	On which entry in Part 1 or Part 2 did you list the original creditor?					
	umbia Collection Service Box 22709	Line 4.3 of (Check one):					
_	vaukie, OR 97269	■ Part 2: Creditors with Nonpriority Unsecured Claims					
		Last 4 digits of account number					

Schedule E/F: Creditors Who Have Unsecured Claims

Page 11 of 13

Official Form 106 E/F

Debtor 1 Tjohn Richard Wolf		hard Wolf		Case no	umber (if knov	vn)		
Name and Add Credit Coll		Services	On which entry in Part 1 or Part 2 did y Line 4.5 of (Check one):			r? Priority Unsecured Claims		
PO Box 55126						Nonpriority Unsecured Claims		
Boston, MA 02205-5126			Last 4 digits of account number					
Name and Add	dra.a.		On which costs in Dout 1 or Dout 2 did a	var liat tha a		-2		
Farmers In		e Group	On which entry in Part 1 or Part 2 did y Line 4.8 of (<i>Check one</i>):		-	Priority Unsecured Claims		
Payment P						Nonpriority Unsecured Claims		
PO Box 89		20400			Oroditoro min	The input of the state of the s		
Los Angelo	es, ca s	00189	Last 4 digits of account number	Last 4 digits of account number				
Name and Add		_	On which entry in Part 1 or Part 2 did y					
Insuresou		ce Company	Line 4.10 of (<i>Check one</i>):			Priority Unsecured Claims		
4233 SE 18 Gresham,	32nd Av	e #258		■ Part 2:	Creditors with	Nonpriority Unsecured Claims		
			Last 4 digits of account number					
Name and Add		1.0	On which entry in Part 1 or Part 2 did y					
Lee Gardn 10245 NW		_	Line 4.14 of (<i>Check one</i>):			Priority Unsecured Claims		
North Plair				■ Part 2:	Creditors with	Nonpriority Unsecured Claims		
			Last 4 digits of account number					
Name and Add		· · · · · · · · · · · · · · · · · · ·	On which entry in Part 1 or Part 2 did y		•			
Medical Im of Hillsbor	~ ~	oroup	Line 4.15 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims				
5110 E Clir	nton Wa	у		■ Part 2:	Creditors with	Nonpriority Unsecured Claims		
Fresno, CA	A 93727		Last 4 digits of account number					
Name and Add Nordstrom			On which entry in Part 1 or Part 2 did y Line 4.17 of (<i>Check one</i>):	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.17 of (Check one):				
PO Box 13			Line 4.17 of (Check one).	Part 2: Creditors with Nonpriority Unsecured Claims				
Scottsdale	e, AZ 852	267		- Fait 2.	Creditors with	Nonphonty Onsecured Claims		
			Last 4 digits of account number					
Name and Add		1:4	On which entry in Part 1 or Part 2 did y					
		Cir Ste 200	Line 4.18 of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Claims				
Eugene, O				■ Part 2: Creditors with Nonpriority Unsecured Claims				
			Last 4 digits of account number					
Name and Add		ance Company	On which entry in Part 1 or Part 2 did y Line 4.19 of (Check one):	_	J			
6300 Wilso			Line 4.19 of (Check one).			Priority Unsecured Claims		
Cleveland,	OH 441	43		■ Part 2: Creditors with Nonpriority Unsecured Claims				
			Last 4 digits of account number					
Name and Add			On which entry in Part 1 or Part 2 did y					
Tuality Hea			Line 4.22 of (<i>Check one</i>):			Priority Unsecured Claims		
Portland, OR 97208		8		■ Part 2:	Creditors with	Nonpriority Unsecured Claims		
			Last 4 digits of account number					
Part 4: Ad	dd the Ar	mounts for Each Type o	f Unsecured Claim					
6. Total the an			claims. This information is for statistica	al reporting	purposes or	nly. 28 U.S.C. §159. Add the amounts for each		
						Total Claim		
	6a.	Domestic support obligat	tions	6a.	\$	0.00		
Total claims								
from Part 1	6b.		lebts you owe the government	6b.	\$	1,578.58		
	6c. 6d.		onal injury while you were intoxicated	6c.	\$	0.00		
	ou.	Julei. Add all other priority	unsecured claims. Write that amount here	. 6d.	\$	0.00		

Schedule E/F: Creditors Who Have Unsecured Claims

Page 12 of 13

Debtor 1 **Tjohn Richard Wolf**

Case number (if known)

	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	1,578.58
Total	6f.	Student loans	6f.	\$	Total Claim 0.00
claims from Part 2	6g. 6h.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	6g. 6h.	\$ \$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	51,508.36
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	51,508.36

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Fill in this infor	mation to identify your	case:		
Debtor 1	Tjohn Richard W	olf		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF OREGON		
Case number _				☐ Check if this is an
				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code				State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
	•				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Fill in this	information to identify your	case:			
Debtor 1	Tjohn Richard W	olf			
Dalatano	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	ng) First Name	Middle Name	Last Name		
United Stat	tes Bankruptcy Court for the:	DISTRICT OF OREGO	N		
Case numb (if known)	ber				Check if this is an amended filing
Official	l Form 106H				
	lule H: Your Cod	ebtors			12/15
ill it out, ar		boxes on the left. Attach . Answer every question	the Additional Page to	o this page. On the top	eded, copy the Additional Page, of any Additional Pages, write
■ No					
☐ Yes	3				
	hin the last 8 years, have you a, California, Idaho, Louisiana				states and territories include
	Go to line 3. S. Did your spouse, former spouse,	use, or legal equivalent live	e with you at the time?		
in line Form	2 again as a codebtor only i	f that person is a guaran	tor or cosigner. Make	sure you have listed the	with you. List the person shown e creditor on Schedule D (Official chedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The cred Check all schedules	litor to whom you owe the debt sthat apply:
3.1				☐ Schedule D. line	
	Name			☐ Schedule E/F, line☐ Schedule G, line☐ Schedule G, line☐	ne
	Number Street City	State	ZIP Code	_	
3.2				☐ Schedule D, line	
	Name			□ Schedule B, line □ Schedule E/F, lin □ Schedule G, line	ne
	Number Street City	State	ZIP Code	_	

Schedule H: Your Codebtors

							ı						
	Fill in this information to identify your case:												
Det	btor 1 Tjol	Tjohn Richard Wolf											
	btor 2					_							
Uni	ited States Bankruptcy Co	ourt for the:	DISTRICT OF OREGO	DN									
Case number					Check if this is:								
(If kr	nown)						☐ An amended filing						
_										wing postpetition ie following date			
O.	fficial Form 10	<u>61</u>					M	M / DD/ Y	YYY				
S	chedule Ι: Υοι	ır Inco	ome								12/15		
spo atta	plying correct informations. If you are separated that a separate sheet to the separate sheet shee	d and your his form. C	spouse is not filing wit	th you, do not incl	ude inforn	natio	on about	your spo	ouse. If	more space is	s needed,		
1.	Fill in your employment information.			Debtor 1				Debtor 2 or non-filing spouse					
	If you have more than one job, attach a separate page with information about additional employers.		Employment status	☐ Employed				☐ Employed					
			Occupation	■ Not employed				☐ Not employed					
	Include part-time, seasonal, or		·	-									
	self-employed work.	, .	Employer's name	-									
	Occupation may include or homemaker, if it appl		Employer's address										
	How long employed there?												
Par	rt 2: Give Details A	About Mon	thly Income										
	mate monthly income as use unless you are separa		te you file this form. If y	ou have nothing to	report for a	any l	ine, write	\$0 in the	space.	Include your n	on-filing		
	ou or your non-filing spous e space, attach a separat			mbine the informati	on for all e	mplo	oyers for	that perso	n on th	e lines below. I	f you need		
							For Deb	otor 1		Debtor 2 or -filing spouse			
2.	List monthly gross wages, salary, and commissions (before deductions). If not paid monthly, calculate what the monthly v				2.	\$		0.00	\$	N/A	<u>\</u>		
3.	Estimate and list monthly overtime pay.				3.	+\$		0.00	+\$	N/A	<u>\</u>		
4.	Calculate gross Income. Add line 2 + line 3.				4.	\$		0.00	\$	N/A			

Official Form 106I Schedule I: Your Income page 1

					Fo	or Debtor 1			r Debtor n-filing s		
	Сору	/ line 4 here	4.	-	\$_	C	.00	\$		N/A	_
5.	List a	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	١.	\$	0	.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b	١.	\$	C	.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c	:.	\$	C	0.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d	l.	\$	C	.00	\$		N/A	_
	5e.	Insurance	5e	٠.	\$.00	\$		N/A	_
	5f.	Domestic support obligations	5f.		\$	C	.00	\$		N/A	_
	5g.	Union dues	5g	۱.	\$	0	0.00	\$		N/A	_
	5h.	Other deductions. Specify:	5h	1.+	\$	C	.00	+ \$ _		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	C	0.00	\$		N/A	_
7.	Calcu	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	C	.00	\$		N/A	
8.	List a 8a.	All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	L	\$	ſ	0.00	\$		N/A	
	8b.	Interest and dividends	8b		\$		0.00	\$-		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			\$		0.00	\$		N/A	-
	8d.	Unemployment compensation	8d		\$	2,357		\$-		N/A	_
	8e.	Social Security	8e		\$.00	\$-		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$		0.00	\$		N/A	_
	8g.	Pension or retirement income	 8g	١.	\$	C	.00	\$		N/A	_
	8h.	Other monthly income. Specify:	_ 8h	1.+	\$_	C	.00	+ \$ _		N/A	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	9	\$_	2,357	.33	\$_		N/A	4
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_		2,357.33	+ \$		N/A	= \$	2,357.33
11.	Includ other	e all other regular contributions to the expenses that you list in <i>Schedule</i> de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not aify:	depe						Schedule	e J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certaines							e. 12.	\$	2,357.33
										Combi	
13.	Do vo	ou expect an increase or decrease within the year after you file this form	?							month	ly income
	=	No.									
	_	Yes. Explain:									

Official Form 106l Schedule I: Your Income page 2

Fill	in this informa	tion to identify yo	our case:			l		
	tor 1	Tjohn Richa				Check	c if this is:	
	tor 2							ving postpetition chapter the following date:
``	ouse, if filing)		DIOTO	OT OF ODEOON				ine following date.
Unit	ed States Bankr	uptcy Court for the	: DISTRI	CT OF OREGON		N	MM / DD / YYYY	
1	e numbe r nown)							
		rm 106J						
Be info nur	as complete a ormation. If m nber (if know	ore space is ne n). Answer eve	s possible eded, atta ry questio	. If two married people a ch another sheet to this	re filing together, b form. On the top of	oth are equa f any addition	lly responsible fo nal pages, write y	12/15 or supplying correct rour name and case
Par 1.	t 1: Descr Is this a join	ibe Your House it case?	ehold					
	■ No. Go to □ Yes. Doe	s Debtor 2 live	in a separ	ate household?				
	□ Ye	es. Debtor 2 mu	st file Offici	al Form 106J-2, Expense	s for Separate House	ehold of Debto	or 2.	
2.	Do you have	e dependents?	■ No					
	Do not list De Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state dependents							□ No □ Yes
	·							□ No
								☐ Yes
								□ No □ Yes
								□ No
								☐ Yes
3.	expenses of	enses include f people other t d your depende	han $_{\square}$	No Yes				
exp	imate your ex		our bankr	y Expenses uptcy filing date unless y y is filed. If this is a sup				
the	lude expense value of such ficial Form 10	n assistance an	non-cash id have ind	government assistance cluded it on <i>Schedule I:</i>	if you know Your Income		Your exp	enses
4.		or home owners and any rent for th		ses for your residence.	Include first mortgag	e 4. \$		300.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$		0.00
	•	rty, homeowner'	•			4b. \$		0.00
				upkeep expenses		4c. \$		0.00
5.		owner's associa nortgage pavm		dominium dues our residence, such as ho	ome equity loans	4d. \$ 5. \$	-	0.00
٠.		ייינייאן בפרט			squity lourio	σ. ψ		0.00

Debtor 1 _	Fjohn Richard Wolf	Case num	ber (if known)	
6. Utilitie:	s;			
	Electricity, heat, natural gas	6a.	\$	0.00
	Nater, sewer, garbage collection	6b.	· -	0.00
	Felephone, cell phone, Internet, satellite, and cable services	6c.	·	263.00
	Other. Specify:	6d.	\$	0.00
	and housekeeping supplies	7.	\$	500.00
	are and children's education costs	8.	\$	0.00
		9.	\$	
	ng, laundry, and dry cleaning		·	150.00
	nal care products and services	10.	\$	100.00
	al and dental expenses	11.	\$	50.00
	portation. Include gas, maintenance, bus or train fare.	12.	\$	350.00
	include car payments.			
	ainment, clubs, recreation, newspapers, magazines, and books	13.	\$	150.00
	able contributions and religious donations	14.	\$	0.00
. Insurai				
	include insurance deducted from your pay or included in lines 4 or 20.	150	¢.	0.00
	ife insurance	15a.	·	0.00
	Health insurance	15b.	·	0.00
	/ehicle insurance	15c.	\$	0.00
	Other insurance. Specify:	15d.	\$	0.00
	Do not include taxes deducted from your pay or included in lines 4 or 20.			
Specify		16.	\$	0.00
	ment or lease payments:		_	
	Car payments for Vehicle 1	17a.	·	0.00
	Car payments for Vehicle 2	17b.	\$	0.00
17c. C	Other. Specify: Motorcycle	17c.	\$	196.82
17d. C	Other. Specify:	17d.	\$	0.00
	ayments of alimony, maintenance, and support that you did not report as			0.00
	ted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
. Other p	payments you make to support others who do not live with you.		\$	0.00
Specify		19.		
	real property expenses not included in lines 4 or 5 of this form or on Scho			
	Mortgages on other property	20a.		0.00
	Real estate taxes	20b.	·	0.00
20c. F	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d. N	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e. H	Homeowner's association or condominium dues	20e.	\$	0.00
. Other:	Specify: Pet/Dog	21.	+\$	75.00
	nal Misc.		+\$	100.00
. 0130	na mooi		·	100.00
	ate your monthly expenses			
	dd lines 4 through 21.		\$	2,234.82
22b. Co	opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Ac	dd line 22a and 22b. The result is your monthly expenses.		\$	2,234.82
			· —	_,
	ate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.		2,357.33
23b. C	Copy your monthly expenses from line 22c above.	23b.	-\$	2,234.82
	Subtract your monthly expenses from your monthly income.		œ.	400 F4
T	The result is your monthly net income.	23c.	\$	122.51
For exar	a expect an increase or decrease in your expenses within the year after you mple, do you expect to finish paying for your car loan within the year or do you expect you attion to the terms of your mortgage?			or decrease because of a
☐ Yes	Explain here:			

Fill in this inform	nation to identify your	case:				
Debtor 1	Tjohn Richard Wo	olf				
	First Name	Middle Name	Last Name	_		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the:	DISTRICT OF OREGON				
Case number					☐ Check if this	rie an
(amended fill	
You must file this obtaining money	s form whenever you fil	e bankruptcy schedules of connection with a bankr	sible for supplying correct or amended schedules. Ma uptcy case can result in fir	ıking a false state		
Sign	n Below					
Did you pay	y or agree to pay some	one who is NOT an attorn	ey to help you fill out bank	ruptcy forms?		
■ No						
☐ Yes. N	lame of person				kruptcy Petition Prepare , and Signature (Official	
	ty of perjury, I declare	that I have read the summ	nary and schedules filed w	ith this declaratio	on and	
X /s/ Tjoh	nn Richard Wolf		X			
Tjohn F	Richard Wolf e of Debtor 1		Signature of Deb	otor 2		
Date _	April 27, 2020		Date			

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

Fil	l in this inforn	nation to identify you	r case:			
De	ebtor 1	Tjohn Richard V				
De	ebtor 2	First Name	Middle Name	Last Name		
1	ouse if, filing)	First Name	Middle Name	Last Name		
Un	ited States Bar	nkruptcy Court for the:	DISTRICT OF OREGO	N		
	ase number					Check if this is an
						amended filing
_	···	407				
	fficial Fo		Affaira far Indivi	iduals Eiling for E	Pankruntav	4/46
				iduals Filing for E		4/19
info	ormation. If m	ore space is needed	, attach a separate sheet to	this form. On the top of ar		
	<u> </u>	n). Answer every que				
	-		arital Status and Where Yo	ou Lived Before		
1.	What is your	current marital stat	us?			
	☐ Married					
	■ Not mar	ried				
2.	During the la	ast 3 years, have you	lived anywhere other than	n where you live now?		
	□ No					
	Yes. Lis	t all of the places you	lived in the last 3 years. Do	not include where you live no	w.	
	Debtor 1 Pr	ior Address:	Dates Debtor lived there	1 Debtor 2 Prior A	ddress:	Dates Debtor 2
	3280 SW 1 Beaverton	53rd Dr. , OR 97003	From-To: 61/17-7/31/18	☐ Same as Debtor	1	☐ Same as Debtor 1 From-To:
		Pleasanton Ln , OR 97003	From-To: 8/1/18-7/31/1	☐ Same as Debtor	1	☐ Same as Debtor 1 From-To:
3. stai				egal equivalent in a commu evada, New Mexico, Puerto F		
		ike sure you fill out Sc	hedule H: Your Codebtors (Official Form 106H).		
Pa	rt 2 Explai	n the Sources of You	ır İncome			
4.	Fill in the tota	al amount of income yo	ou received from all jobs and	ing a business during this y I all businesses, including par ve together, list it only once u	t-time activities.	lendar years?
	□ No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$1,776.53	☐ Wages, commissions, bonuses, tips	
	☐ Operating a business		☐ Operating a business	
For last calendar year: (January 1 to December 31, 2019)	■ Wages, commissions, bonuses, tips	\$61,993.90	☐ Wages, commissions, bonuses, tips	
	☐ Operating a business		☐ Operating a business	
For the calendar year before that: (January 1 to December 31, 2018)	■ Wages, commissions, bonuses, tips	\$66,358.33	☐ Wages, commissions, bonuses, tips	
	☐ Operating a business		☐ Operating a business	
winnings. If you are filing a joint case List each source and the gross inco No Yes. Fill in the details.		•	•	
	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Unemployment	\$6,582.00		
For last calendar year: (January 1 to December 31, 2019)	Unemployment	\$2,592.00		
For the calendar year before that: (January 1 to December 31, 2018)	Unemployment	\$3,624.00		
Down 2. List Contain Downsonto Vous	Mada Dafara Vari Filad for I	Dan lauratari		
Part 3: List Certain Payments You	wade Before You Filed for I	вапкгиртсу		
		imer debts. Consumer debts	are defined in 11 U.S.C. § 10	1(8) as "incurred by an
– ° ′		d you pay any creditor a total	of \$6,825* or more?	
paid that cre		its for domestic support obliga	n one or more payments and to ations, such as child support a	

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Case number (if known)

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Debtor 1 Tjohn Richard Wolf

Best Case Bankruptcy

. Fill in the details. Who Was Paid s r website address Who Made the Payment, if Not tt Law Firm W Bethany Blvd. #288 rton, OR 97006 pacificbankruptcy.com	Description and value of any property transferred You \$1400.00 Attorney Fees	Date payment or transfer was made 4/2/2020-4/27/ 2020	
Who Was Paid s r website address	transferred	Date payment or transfer was	Amount of payment
. Fill in the details.		,	
		, a	
		anou in jour builliuptoj.	
ed about seeking bankruptcy or	r preparing a bankruptcy petition?		ty to anyone you
st Certain Payments or Transfe	rs		
e loss occurred	Include the amount that insurance has paid. List pendi	ng loss	lost
. Fill in the details.	Describe any insurance coverage for the loss	Date of your	Value of property
year before you filed for bankr ling?	uptcy or since you filed for bankruptcy, did you lose	anyτning because of theft	, tire, other disaster
	unitor or since you filed for head-austice did	anything bossuss of the	fire other diseases
S (Number, Street, City, State and ZIP Co	de)		
an \$600	total Describe what you contributed	Dates you contributed	Value
. Fill in the details for each gift or	contribution.		
years before you filed for bank	cruptcy, did you give any gifts or contributions with a	total value of more than \$	600 to any charity?
to Whom You Gave the Gift and s:	d		
th a total value of more than \$6 son	Describe the gifts	Dates you gave the gifts	Value
. Fill in the details for each gift.			
years before you filed for bank	rruptcy, did you give any gifts with a total value of mo	ore than \$600 per person?	
	years before you filed for bank Fill in the details for each gift. th a total value of more than \$6 son to Whom You Gave the Gift an s: years before you filed for bank Fill in the details for each gift or contributions to charities that an \$600 s Name s (Number, Street, City, State and ZIP Co st Certain Losses year before you filed for bank ling? Fill in the details. e the property you lost and e loss occurred st Certain Payments or Transfe year before you filed for bank at Certain Payments or Transfe	Till in the details for each gift. th a total value of more than \$600 son to Whom You Gave the Gift and street before you filed for bankruptcy, did you give any gifts or contributions with a street before you filed for contribution. Contributions to charities that total an \$600 son Name so (Number, Street, City, State and ZIP Code) Set Certain Losses Year before you filed for bankruptcy or since you filed for bankruptcy, did you lose ling? Describe what you contributed Describe what you contributed Describe what you contributed Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property set Certain Payments or Transfers	years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Fill in the details for each gift. th a total value of more than \$600 Describe the gifts Dates you gave the gifts to Whom You Gave the Gift and To Whom You Gave the gifts Dates you contributed Dates you contributed To Dates you co

Case number (if known)

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 4

Debtor 1 Tjohn Richard Wolf

17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details.								
	Person Who Was Paid Address	Description and va	alue of any prop	perty	Date payment or transfer was made	Amount of payment			
18.	Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busin Include both outright transfers and transfers made include gifts and transfers that you have already list No Yes. Fill in the details.	ness or financial affair as security (such as th	irs?						
	Person Who Received Transfer Address Person's relationship to you	Description and va property transferre			nny property or received or debts change	Date transfer was made			
19.	Within 10 years before you filed for bankruptcy, beneficiary? (These are often called asset-protect No Yes. Fill in the details.		/ property to a s	self-settled tru	st or similar device o	f which you are a			
	Name of trust	Description and va	alue of the prop	erty transferre	ed	Date Transfer was made			
	Within 1 year before you filed for bankruptcy, w sold, moved, or transferred? Include checking, savings, money market, or ot houses, pension funds, cooperatives, associati No Yes. Fill in the details.	vere any financial acc ther financial accoun ions, and other finan	counts or instru ts; certificates cial institutions	ments held in of deposit; sh	ares in banks, credit	unions, brokerage			
		st 4 digits of count number	Type of accourant instrument	clo mo	te account was sed, sold, ved, or nsferred	Last balance before closing or transfer			
21.	Do you now have, or did you have within 1 year cash, or other valuables? No Yes. Fill in the details.	before you filed for	bankruptcy, an	y safe deposit	box or other deposit	ory for securities,			
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acce Address (Number, State and ZIP Code)		Describe the o	contents	Do you still have it?			
22.	Have you stored property in a storage unit or pl No Yes. Fill in the details.	lace other than your	home within 1 y	year before yo	u filed for bankruptcy)?			
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had to it? Address (Number, State and ZIP Code)		Describe the o	contents	Do you still have it?			

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Par	art 9: Identify Property You Hold or Control	for Someone Else			
23.	. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.				
	No				
	☐ Yes. Fill in the details.				
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	De	escribe the property	Value
Pai	art 10: Give Details About Environmental Inf	ormation			
For	r the purpose of Part 10, the following definiti	ions apply:			
	Environmental law means any federal, state toxic substances, wastes, or material into tregulations controlling the cleanup of these	he air, land, soil, surface water, grou	_	•	
	Site means any location, facility, or propert to own, operate, or utilize it, including disp	•	al law,	, whether you now own, operate,	or utilize it or used
	Hazardous material means anything an envi		us wa	ste, hazardous substance, toxic	substance,
Rep	port all notices, releases, and proceedings th	at you know about, regardless of wh	en the	ey occurred.	
24.	Has any governmental unit notified you that	t you may be liable or potentially liab	le un	der or in violation of an environm	ental law?
	No				
	Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State & ZIP Code)	and	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of	any release of hazardous material?			
	■ No				
	☐ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)	and	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or add	ministrative proceeding under any en	viron	mental law? Include settlements	and orders.
	■ No				
	Yes. Fill in the details.				
	Case Title Case Number	Court or agency Name	Na	ture of the case	Status of the case
	Case Humber	Address (Number, Street, City, State and ZIP Code)			Casc
Pai	art 11: Give Details About Your Business or	Connections to Any Business			
27.	Within 4 years before you filed for bankrup	tcy, did you own a business or have a	any o	f the following connections to an	y business?
	☐ A sole proprietor or self-employed	in a trade, profession, or other activit	y, eith	ner full-time or part-time	
	☐ A member of a limited liability comp	pany (LLC) or limited liability partners	ship (I	LLP)	
	☐ A partner in a partnership				
	☐ An officer, director, or managing ex	ecutive of a corporation			
	_	ag or aguity socurities of a corporatio	n		

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Der	ior i jonn Richard wolf	Ca	ase number (# known)
	■ No. None of the above applies. Go to F	Part 12.	
	☐ Yes. Check all that apply above and fill	in the details below for each business.	
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
		name of accountant of bookscope.	Dates business existed
28.	Within 2 years before you filed for bankrupt institutions, creditors, or other parties.	cy, did you give a financial statement to a	inyone about your business? Include all financial
	■ No		
	Yes. Fill in the details below.		
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Par	112: Sign Below		
are t		false statement, concealing property, or o	declare under penalty of perjury that the answers obtaining money or property by fraud in connection ears, or both.
	Tjohn Richard Wolf		
, ,	hn Richard Wolf nature of Debtor 1	Signature of Debtor 2	
Dat	e _April 27, 2020	Date	
Did	ou attach additional pages to Your Stateme	ent of Financial Affairs for Individuals Filin	ng for Bankruptcy (Official Form 107)?
■ N	o		
ПΥ	es		
Did	ou pay or agree to pay someone who is not	an attorney to help you fill out bankrupto	cy forms?
■ N	0		
\square Y	es. Name of Person Attach the <i>Bankru</i>	otcy Petition Preparer's Notice, Declaration,	and Signature (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$75	administrative fee	
+ \$15	trustee surcharge	
\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_form

s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court District of Oregon

In re	i john Richard Wolf		Case No.	
		Debtor(s)	Chapter	7
	VER	IFICATION OF CREDITOR M	IATRIX	
he ab	ove-named Debtor hereby verifies	that the attached list of creditors is true and corn	rect to the best	of his/her knowledge.
Date:	April 27, 2020	/s/ Tjohn Richard Wolf		
		Tjohn Richard Wolf		
		Signature of Debtor		